State of California—Health and Human Services Agency

Department of Health Services
DCDC Immunization Branch
Building P, 2nd Floor
850 Marina Bay Parkway
Richmond, CA 949804-6403

VARICELLA (CHICKEN POX) CASE REPORT

Note: For Varicella deaths, please use CDC Varicella death work sheet.

PATIENT DEMOGRAPHICS

Patient name—last first middle initial	Date of birth	Age (enter age and check one)	Gender
	____ / ____ / _____	_____ ☐ Days ☐ Weeks ☐ Months ☐ Years	☐ Male ☐ Female

Address (number, street)	City	State	ZIP code	County

ETHNICITY (check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

RACE (check all that apply)

☐ Unknown
☐ African-American or Black
☐ American Indian or Alaska Native
☐ White
☐ Other: _____

☐ Asian
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian:_____

☐ Native Hawaiian or Other Pacific Islander
- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander: _____

Occupation (check all that apply)

☐ Food service ☐ Health care ☐ Day care ☐ School ☐ Correctional facility ☐ Other: _____

Country of birth	Country of residence

COMMON LHD TRACKING DATA

CMRID number	IZB Case ID number	Web CMR ID number

Date reported to county	Date investigation started	Person/clinician reporting case	Reporter telephone
____ / ____ / _____	____ / ____ / _____		( )

Case investigator completing form	Investigator telephone	Investigator's LHD or jurisdiction
	( )	

SIGNS AND SYMPTOMS

Maculopapular rash	Rash onset date	Generalized rash	Direction of spread
☐ Yes ☐ No ☐ Unknown	____ / ____ / _____	☐ Yes ☐ No ☐ Unknown	

Other symptoms	Describe other symptoms	Date of diagnosis
☐ Yes ☐ No ☐ Unknown		____/____/_____

Does case meet clinical criteria for further investigation ?	**CASE MEETS CDC/CSTE CLINICAL CRITERIA? *(FOR STATE USE ONLY)***
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

COMPLICATIONS AND OTHER SYMPTOMS

Hospitalized	Number of days hospitalized	Pneumonia	Cerebellar ataxia	Encephalitis	Death
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Other complications	Describe other complications	Date of death
☐ Yes ☐ No ☐ Unknown		____/____/_____

LABORATORY TESTS

Any lab tests done for varicella?	**CASE LAB CONFIRMED *(FOR LHD USE)***	**CASE LAB CONFIRMED *(FOR STATE USE ONLY)***
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

DFA performed ☐ Yes ☐ No ☐ Unknown	DFA specimen date ____/____/_____	DFA result ☐ P ☐ N ☐ I ☐ E ☐ X ☐ U		**LAB RESULT CODES**
PCR performed ☐ Yes ☐ No ☐ Unknown	PCR specimen date ____/____/_____	PCR result ☐ P ☐ N ☐ I ☐ E ☐ X ☐ U		P = Positive (evidence of recent or current infection) N = Negative (antibody not detected) I = Indeterminate E = Pending X = Not done U = Unknown Z = Infection at undetermined time or immunization
Virus isolation performed ☐ Yes ☐ No ☐ Unknown	Virus specimen date ____/____/_____	Virus isolated ☐ Yes ☐ No ☐ Unknown	Name of Lab: _____	
Specimen sent to CDC for genotyping ☐ Yes ☐ No ☐ Unknown	Date sent for genotyping ____/____/_____	Virus genotype		
Specimen sent to CDC for strain typing ☐ Yes ☐ No ☐ Unknown	Date sent for strain typing ____/____/_____	Strain type ☐ Wild-type ☐ Vaccine-type		

Serology performed ☐ Yes ☐ No ☐ Unknown	Specimen Date	Titer Result	Test Reference Index	Result Interpretation
IgM	____/____/_____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U
IgG (acute)	____/____/_____			
IgG (convalescent)	____/____/_____			☐ P ☐ N ☐ I ☐ E ☐ X ☐ U ☐ Z

Other lab tests completed	Specify lab tests	Other lab test results
☐ Yes ☐ No ☐ Unknown		

VACCINATION/MEDICAL HISTORY

Received one or more doses of varicella containing vaccine	Number of doses	Dates of vaccination	
☐ Yes ☐ No ☐ Unknown		Dose 1: _____/_____/_____	Dose 2: _____/_____/_____

Reason for not being vaccinated *(check one)*:

1 ☐ Personal Beliefs Exemption (PBE)
2 ☐ Permanent Medical Exemption (PME)
3 ☐ Temporary Medical Exemption
4 ☐ Lab confirmation of previous disease
5 ☐ MD Diagnosis of previous disease
6 ☐ Underage for vaccination
7 ☐ Delay in starting series or between doses
8 ☐ Other
9 ☐ Unknown

Prior MD diagnosed varicella (see reason #5 above)	Pregnant	Immunocompromised
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

EXPOSURE/TRAVEL HISTORY

Acquisition setting *(check all that apply)*

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office
4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic
7 ☐ Home
8 ☐ Work
9 ☐ Unknown
10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility
13 ☐ Church
14 ☐ International travel
15 ☐ Other

Close contact with person(s) with rash 14–21 days before rash onset? ☐ Yes ☐ No ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)	Same Household
1					☐ Yes ☐ No ☐ Unknown
2					☐ Yes ☐ No ☐ Unknown
3					☐ Yes ☐ No ☐ Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a confirmed or probable case?	Case name or Case ID	Outbreak related	Outbreak name or location
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown	

CONTACT INVESTIGATION

Spread setting *(check all that apply)*

1 ☐ Day care
2 ☐ School
3 ☐ Doctor's office
4 ☐ Hospital ward
5 ☐ Hospital ER
6 ☐ Outpatient hospital clinic
7 ☐ Home
8 ☐ Work
9 ☐ Unknown
10 ☐ College
11 ☐ Military
12 ☐ Correctional Facility
13 ☐ Church
14 ☐ International travel
15 ☐ Other

Number of susceptible contacts	Number of susceptible contacts who are pregnant	Close contacts who have rash 14–21 days after exposure to case
		☐ Yes ☐ No ☐ Unknown

	Name	Rash Onset Date	Relationship	Age (Years)
1				
2				
3				

Please list other contact(s) on a separate sheet or use the contact tracing work sheet.

CASE CLASSIFICATION *(FOR LHD USE)*
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

CASE CLASSIFICATION (FOR STATE USE ONLY)
☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

VARICELLA CASE CLASSIFICATION

Clinical Case Definition: An illness with acute onset of diffuse (generalized) papulovesicular rash without other apparent cause. Note: In vaccinated persons who develop varicella more than 42 days after vaccination (breakthrough disease), the disease is almost always mild with fewer than 50 skin lesions and shorter duration of illness. The rash may also be typical in appearance (maculopapular with few or no vesicles).

Case Classification:
Probable: A case that meets the clinical case definition is not laboratory confirmed, and is not epidemiologically linked to another probable or confirmed case.
Confirmed: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed or probable case. Note: Two probable cases that are epidemiologically linked are considered confirmed cases.